

ICMJE DISCLOSURE FORM

Date: 10/23/2023

Your Name: Nathan Lay

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	NIH Intramural Research Program	Our lab covers the travel and meeting expenses and is funded by the NIH intramural research program.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

NL reported support from NIH Intramural Research Program.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Stephanie Harmon

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 11/2/2023

Your Name: James Latanski

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Molly Bingham

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Meredith McAdams

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Arlene Sirajuddin

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Shannon Swift, RN

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Chris Feierabend

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Susan Sansone

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Laercio DaSilva

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

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ICMJE DISCLOSURE FORM

Date: 11/28/2023

Your Name: Arun Rajan

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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Time frame: past 36 months			
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3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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I have nothing to disclose.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 10/30/2023

Your Name: Ismail Baris Turkbey

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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Date: 10/30/2023

Your Name: Chen Zhao

Manuscript Title: Quantification of Thymic Epithelial Tumor Volumes through Deep Learning

Manuscript number (if known):

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